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Of veshyas, vamps, whores and women

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SANGRAM

'संग्राम'

संपदा ग्रामीण महिला संस्था

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Working with women in prostitution and sex
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THE CONTEXT

Since the early 1990s, women in prostitution have borne the brunt of the HIV epidemic in India. On the one hand, communities of women in prostitution suffer high levels of infection and re-infection. On the other hand, HIV intervention programmes have further stigmatized women in prostitution by labelling them transmitters of infection.

It was in this context that SANGRAM began its work in 1992. The fledgling organization aimed to create a sustainable response to the HIV pandemic by turning conventional wisdom on its head. Health interventions typically regarded women in prostitution as victims with little capacity to change anything, let alone their health status. HIV programmes based on this approach naturally treated prostitutes as 'vectors' to be targeted.

SANGRAM saw these women a little differently. Below the gaudy glitter and the struggle for survival was a human being. An individual who could be empowered to change her circumstances, to become an agent of change for herself and her community. Based on this philosophy, SANGRAM embarked on a peer-based condom intervention with women in prostitution in Sangli, a sugarcane-rich district in western Maharashtra.

Typical HIV intervention	SANGRAM
✓ Sees prostitute as vector of disease	✓ Sees woman in prostitution as human being
✓ Treats prostitute as target	✓ Treats woman in prostitution as change agent
✓ Hierarchical system of health workers	✓ Decentralized system of peer educators
✓ Top-down planning	✓ Bottom-up participation

AREAS OF SANGRAM'S WORK

Sangram works in six districts in Maharashtra & North Karnataka.

Women in prostitution programme

Women in prostitution programme & district campaign

EDUCATING THROUGH PEERS
THE EARLY DAYS

Gokulnagar is a settlement of about 260 women in Sangli that has traditionally enjoyed the status of a red-light area. In early 1992, SANGRAM tentatively ventured in to talk to the women about HIV and condoms.

The women were wary. They had had enough of mainstream messages that held them responsible for the spread of the virus. "They would jump over the *nullah* and disappear," says Meena Seshu, general secretary of SANGRAM. "They could not understand why we were taking so much interest in them."

All it needed was one leap of faith to turn the tide. The break came when Aprava*maushi*, a prominent brothel owner, realized that SANGRAM was talking sense. It wasn't talking about the women doing things to protect others; it was talking about the women protecting themselves from the infection. SANGRAM's message made hard economic sense to her.

SANGRAM laid the foundations of the peer programme in Gokulnagar with Aprava*maushi's* support. A total of 16 peer educators were identified and it was decided that every seventh house would have a peer educator. It was jointly agreed that peer educators would tell their neighbours about HIV and distribute condoms among them.

TAKING HOLD

One settlement in one town. From this small beginning in 1992, the peer education programme has grown to span six districts in Maharashtra and the border areas of north Karnataka. About 120 peer educators drop off 350,000 condoms to 5,000 women in these communities each month.

The locations that the peer education programme spans are as diverse as the women themselves. They range from small hutments to sturdy homes in industrial centres like Karad, where household women turn to prostitution on market days. They include textile towns like Ichalkaranji, popularly known as the Manchester of India, and truck stops like Pethnaka on national highway no 4, where women from nearby villages work from midnight to dawn. They cover a wide array of sites where women work in prostitution: *dhabas,* cloth cabins, lodges and brothels.

The peer education programme is based on two underlying premises. One, that insiders are more effective than outsiders in reaching the community. Two, that women in prostitution can reliably enforce condom use for their own protection.

To start with, a baseline survey was done, the houses were mapped and an exact headcount was taken of women in prostitution. The women then collectively identified a peer educator on the basis of two criteria:

- ✓ She must be a woman in the business
- ✓ She must be located in the same community, since proximity helps both in building friendships with other women and in distributing condoms.

In the early days of SANGRAM's work, a peer was chosen in every seventh house. Now, with the expansion in its work area, a peer works with 40 women in prostitution.

Each peer has two key areas of responsibilities:

- ✓ Educating women in prostitution about HIV/AIDS, distributing condoms among them, and training and counselling women who are unable to enforce condom use
- ✓ Helping women with sexually-transmitted diseases and other health problems to access medical care and related services

But these things are easier said than done. In its early days, the programme bumped up against several constraints. In some areas, brothel-keepers and criminals tried to block the programme, even killing a peer educator in one instance. Many women in prostitution shunned identification, while flexible working hours and a high turnover made it difficult to maintain constant contact with others. At some places, SANGRAM's philosophy clashed with the approaches of other non-government organizations, creating tensions. And some communities were just not cohesive enough for the programme to take hold.

"Just as I had been wary in the beginning, the other women were also scared. But because I was one of them, they slowly accepted my peer services."

Renuka, woman in prostitution and peer educator, Gokulnagar, Sangli

BUILDING THE COMMUNITY

Many programmes focus on condom distribution without mobilizing a sense of common identity, or looking on the women as a dynamic community, or representing minority voices within the community. SANGRAM chose a different tack. Instead of emphasizing petty rivalries and differences, it emphasized the women's sense of identity as a community, as many women with similar stories to tell.

What are these stories? Ask the question and the most likely answer is "*majboori*" - difficult circumstances. The difficult circumstance is often poverty, a context in which prostitution may be the best survival option. Woven into the garment of poverty are occasional skeins of desertion, abuse, widowhood or simply lack of choices. In the areas that SANGRAM works in, religion is another strand that weaves in and out of the women's lives, since many of them have come to prostitution through the tradition of *devadasis.*

Almost 80% of the women in prostitution are *devadasis,* who are married off to the Goddess Yellamma, and have sex out of a moral duty to the deity. Many of them change their names once they take up prostitution to avoid identification - one woman changed her name each time she took on a new lover. Each woman sees up to six clients a day, but business is slowing down in the time of AIDS. Often they work on the outskirts of towns or villages, another factor that lowers business prospects.

A woman rarely gets to keep all the money she earns from a client - a share of it goes to the brothel-keeper or the landlady, in case she works

independently. The only time women can keep every rupee they earn is when they work on trucks, and don't have to pay any commission.

A day in the life of a woman in prostitution begins and ends late. Mornings are slow, and devoted to household chores, occasional gossip, and planning for the evening. Evening is the busiest time, when clients start to arrive. These days, with business slowing down, competition is keen and fights often break out over customers. But this is all in a day's work, and women who are bitter rivals one night re-establish a friendship as dawn breaks.

If evenings are punctuated by the long wait for clients, mornings are dotted with everyday concerns - children, niggling ailments, dealing with moneylenders, and looking after the long-term lovers or *maalaks*, who are a constant in every woman's life. In this way, the women live and work until they get to their mid-30s, when business prospects dim. Some women then start running their own brothels, while others survive as best they can.

Our plight is all the same, even though we do not know everyone's stories.

Durga, woman in prostitution, Karad

ON THE CONDOM TRAIL

The rear of the jeep is stacked with boxes full of condoms. As the jeep drives out of Sangli, Renuka - dressed in a red and white *sari* and gold jewellery - starts making mental notes of the forthcoming stops and the number of boxes to be distributed at each.

Renuka, 26, is a *devadasi* who works in Gokulnagar, Sangli. Seven years ago, she had only vaguely heard of HIV/AIDS. Today, she is not just well-informed about the epidemic, she will not accept a client without a condom.

The jeep drives into the town of Miraj, and stops at Uttamnagar, where the use of condoms is near-total, according to Jayshree, the peer educator. She stocks up for the next 15 days, and adds a few extra to her pile. "I even get woken up at night for condoms," she laughs, as the jeep roars off.

It wasn't always this smooth. In the early days, the women would stare at the peers, ignore them, argue, and let the condoms lie unused. Some would defiantly ask the peers what the boxes contained, even though they knew. Others, including some who have since become peers, would disappear the minute they saw the peer educators.

The peers persisted. They were helped in their endeavour by SANGRAM's emphasis on decentralization. What this means is simple: each peer can chart her own condom distribution technique to achieve her ends. Some peers choose to deliver door-to-door, others keep the condom cartons in their house for women to pick up. Some list their condom requirements at the weekly Monday meetings; others pick up the free supplies of Nirodh condoms from government health centres.

"We want the business, but we don't want AIDS."

Jayshree, peer educator, Miraj

Women in prostitution work very hard to never lose a client to another woman, since each customer adds to the day's earnings. This has built up some rivalry among the women alongside the traditional camaraderie they enjoy. The peers typically downplay this aspect of competition, and emphasize their common identity.

Condom use can only be enforced if each and every woman in a community agrees to do so. Building on the norm of never losing a client, the peers usually stress that it is in their collective interest to enforce condom use. If every woman enforces condom use, all the women will stay healthy, and can continue to work, even in the time of HIV. A large part of the peer education programme's success is rooted in its ability to bring the women together. Even brothel-keepers, or *gharwalis,* who control access to the women, have understood that it is in their interest to keep their women healthy to sustain the business.

If a common identity has fueled the program's success, the spread of HIV has shaped it. Every month, the women see their colleagues dying of HIV. As they recur, these deaths cannot be ignored or explained away except as evidence of the spread of the virus. "When the women started seeing so many of us dying, they got scared and realized the importance of Nirodh," says Renuka. Now the women will not accept a client without a condom - even if it means losing the odd client or two.

The condom distribution programme has also been effective because the women experienced a drop in sexually-transmitted diseases. They suddenly saw their own health improving.

> Even with the regulars, we insist. If a customer refuses and goes to the next girl, she will also insist. Now we are united.
>
> *Jayshree, peer educator, Miraj*

The impact of the condom-distribution programme is evident in many ways.

✓ Peer testimonials: Many of the peers insist usage of condoms in their areas has risen. "We want the business, but we don't want AIDS," says Jayshree from Miraj's Uttamnagar area. "Not a single woman in this area now accepts a client without a condom."

✓ Growing demand: Areas that previously asked for 6,000 condoms now ask for 8,000. If condom supplies get over in one *dhaba* on the highway, street prostitutes walk over to the next *dhaba* for more. "When I got late with the distribution last month," says Kashibai from Solapur, "one *dhaba* woman said the business had shut for a week because they had no condoms. They will borrow to buy food, but now they will not 'sit' (have sex) without Nirodh."

✓ Referrals: The programme spreads from one district to another, not at SANGRAM's behest, but as the peer educators suggest new areas for expansion based on informal contacts. Educators typically suggest areas where they have friends, cousins or relatives, an informal process that speaks volumes for the programme's utility.

Despite these successes, total condom enforcement is still a dream. One limitation that the programme constantly struggles with is the poor quality of free condoms that the government supplies. And some women in prostitution remain hard to reach, specially those who work on highways or in shifting locations.

Condoms are still not used in all sexual encounters. Although condoms are used with paying customers, they are not always used with

Besides, when he is excited, all you have to do is drop your pallu, and he will be in no state to refuse wearing a condom.

Noorie, peer educator, Ichalkaranji

maalaks or lovers, pimps, male brothel-owners and the police, who still have the power to refuse a condom. Condoms are a barrier, even figuratively, and many women feel the need to differentiate between a client and a lover - the presence or absence of a condom denotes that difference.

But the condom distribution programme has had a broader impact in terms of HIV prevention. Enforcing condom use with a client means explaining why he must wear the condom. This creates a chain of information, a chain that is vital to prevent the spread of HIV. In this sense, women in prostitution have become a group that is not just creating theoretical awareness about AIDS, but is enforcing preventive measures in practice. The peers are changing sexual behaviour right there and then.

NO CONDOMS, NO SEX

Women in prostitution have devised various innovative methods of making their clients use condoms. Some of them pick up gruesome pictorial images of STDs from the SANGRAM office to show their clients. Others are able to predict - and challenge - the reasons clients may offer to not wear condoms.

"We never say yes to sex without a condom," says Shabana, a peer educator from the tobacco-growing area of Nippani in Karnataka. "There are times when clients have asked for their money back. But we have learnt that *pyar, muhabbat se sab sunte hain* (everyone understands love)."

Shabana describes a typical effort at condom negotiation with a married client in her earthy tones.

Shabana to client: "I don't know if I have AIDS or not...but you think of your wife and kids."

Client to Shabana: "Yes, but the fun is in body on body."

Shabana: "*Mazaa to do minit ka rehta hai* (the fun is for two minutes only), but if you use a condom the rest of your life can be enjoyed. If your 2 minutes of pleasure are reduced by 5%, what is the big deal?"

COPING WITH ILL-HEALTH

A peer educator's portfolio spans the entire continuum of HIV: before, during, and after. Part of her work is preventive: preventing HIV through peer education and condom distribution. Another part of her work is curative: helping women with sexually-transmitted diseases and other health problems to access medical care and related services. And an unanticipated part of her work arises when a colleague dies of HIV.

Two years into the peer-education programme, SANGRAM found that illness had become the subject of routine discussion in the community. There would be weekly reports of illness from at least 2-3 women and the peers reported an increasing incidence of HIV-positive women in varying stages. Regular clients, who are a major source of income, turned out to have HIV. And the women struggled with their friends and colleagues dying; in 1993, there were 20 deaths among the women just in the Sangli community.

Ill-health of any kind affects women in prostitution in very fundamental ways. The economic impact of ill-health is loss of earnings since the women need to work and earn every single day. Women in prostitution who are ill often go to hospital during the day and try to work at night to earn a few rupees - on 'good' days, they stand in line fully made-up. These meagre earnings, more often than not, then have to be spent on medication and treatment, creating more frustration.

But the deeper impact of ill-health, particularly HIV, is emotional. Women who test positive are deeply disturbed about the future of their

children, particularly their daughters. The illness of regular clients is difficult to deal with, since regulars are like family - they are part of the fabric of the women's lives. When colleagues' funerals become a frequent occurrence, the fearful question uppermost in the minds of the women is "Who is next? Could it be me?"

Like all women, women in prostitution typically dismiss their own health problems. Self-medication or visits to quacks are the first resort for women who fall ill - although services are free, the public health system is inevitably the last resort. This is mainly for two reasons:

- ✓ Public health services in many of these areas is inadequate. For instance, many of the municipal hospitals do not provide free food, which has to be separately arranged.
- ✓ Women in prostitution inevitably face discimination from medical professionals, doubly so if they are HIV-positive. Hospital staff often express the attitude that these women deserve no better.

Women will turn to the public health system only when they have exhausted all their resources. Often by the time they reach the 'civil hospitals', they are already in the second or third episode of illness. They exhibit symptoms of weight loss, fever, diarrhoea and other opportunistic illnesses like tuberculosis and jaundice.

SANGRAM initially tried to help the women access medical services by cutting through bureaucratic red tape. Discussions with the

Fear is an underlying emotion in these communities, and there is a reluctance to deal with it.

Directorate of Health Services led to the introduction of the 'Red Card'- an identity card that gives free services to this specially-identified group.

Each woman could use her red card to get immediate medical attention, free food and medicine. The problem with this system, however, was that it immediately identified women as HIV-positive, or as 'commercial sex workers', and brought on discrimination.

Although many women did use it - with one peer admitting seven women to a municipal hospital on a single day with the Red Card - not all of them found it useful.

Card or no card, the peer educators shoulder the responsibility of helping women access health services. The peers have undergone a one-year course, which includes training in counselling techniques and home-based care. SANGRAM plans to develop home-based and community-based care in the region, simply because it is unlikely that hospitals will be able to offer the quality of care required in the near future.

"The number of people who will fall ill will be so many that it will be up to the community to take care of the sick," explains Meena. "We do want the community to access civil hospitals - but there will be cases where the doctor will say that the person is too ill, there is nothing we can do. In that case, the family must know how to take care of the person. They must not start panicking when this happens."

The peers have become the de facto families - and caregivers - of

women who fall ill. Not only do they constantly ferry women to and from the hospital, they organize food for them, look after children - even ill lovers - in their absence, and support them through painful moments. On one occasion, a peer had to pull a dead baby out of a woman's uterus, who had been raped by 5 men. Although the peer wanted to take her to hospital, the woman thought she would die if the baby - whose head was protruding from her vagina - was not pulled out immediately. "She was just a girl from another brothel," says Shabana, who helped her. "But we help each other because there is no one else who will do it for us."

Making funeral arrangements has increasingly become an unwanted part of the peers' responsibilities. Relatives sometimes perform the last rites, but women in prostitution are often given a community funeral through individual contributions. In Solapur district, when men in the community refused to be the pall-bearers, the women themselves carried the body to the funeral site, an event almost unheard of in Hindu society.

Taking on these roles has made the women deeply conscious that they share a lot in common, that they do comprise a community of sorts. Once in a while, the women are reluctant to extend help. "Then I tell them, 'what if we were to tell you that you do everything yourself the next time you are in trouble?'" says Shabana. "How would you feel?"

At SANGRAM, interaction with the women follows an unspoken rule: no one ever asks which of the women are HIV-positive. Admitting positivity is like a death sentence for a woman whose survival depends on selling sex.

LEARNING AND UNLEARNING

Not only has the peer education programme successfully reduced the spread of HIV, it has also built a rare solidarity among the women. The women have a strong sense of ownership of the programme. This has partly been achieved through conscious strategies on the part of SANGRAM's staff. The organization often deliberately plays a passive role to build leadership and encourage solutions from within the community.

Working with women in prostitution also brought with it a process of learning and unlearning, separating myths from reality, fiction from fact.

✘ Fiction: Society needs to be protected from women in prostitution, who are major transmitters of the virus.

✓ Fact: Women in prostitution, who bear the greatest impact of the virus, need to protect themselves first and foremost.

✘ Fiction: Only a client-directed strategy will be effective in preventing HIV.

✓ Fact: A peer-directed strategy using women in prostitution is a very effective way to prevent HIV, because it is linked to self-protection and survival.

✘ Fiction: Prostitutes are exploited, victimized, oppressed, loose, or immoral.

✓ Fact: Society's attitudes towards prostitutes are discriminatory and based on stereotypes.

The reality of women in prostitution rarely matches the stereotypes. The peer-education programme has taught SANGRAM that:

POPULAR IMAGES OF WOMEN IN PROSTITUTION NEED TO BE RESTRUCTURED

Society typically sees women in prostitution through binary lenses: innocent or evil, victim or aggressor, oppressed or immoral. The media reinforces these perceptions through stereotypical representations of women in prostitution.

But women in prostitution are neither good nor bad - they are simply women.

But societal double vision forces the women to employ two sets of behaviour - one for talking to the outside world (which makes them say things like "we are helpless, what can we do,") and another set for themselves, when they drop the image cultivated to deal with the hostility of the mainstream.

The women do not always think of themselves as victims. If one challenges them and wins their trust, the sorry stories stop and real life comes up.

WOMEN IN PROSTITUTION CONSTITUTE A COMMUNITY WITH MANY POSITIVE VALUES

Women in prostitution typically reject mainstream values and ways of living. They solve their problems in their own ways, using characteristics that are unique to them.

Though women in prostitution do not belong to a homogenous group, their belief in sharing available resources for the mutual benefit of all

> When we started looking at them as women, and not as prostitutes, they began to respond...The women do not always think of themselves as victims. If you challenge them and win their trust, the sorry stories stop and real life comes up.
>
> *Meena Seshu, general secretary,* SANGRAM

members of the group underline the rules that dominate the governance of the *samaj* or community.

Their way of life is built on a better understanding of the fallibilities of human nature - and is thus more humane. In the context of HIV/AIDS, for instance, mainstream society often rejects even family members who test positive. But women in prostitution rally around each other, and willingly share both the financial and emotional burden, without considering family or caste.

WOMEN IN PROSTITUTION ARE IN CONTROL OF THEIR LIVES

Regardless of their past experiences, beyond the surface are women who don't necessarily think of themselves as victims. Women in prostitution, in fact, often have greater control over some aspects of their lives than women who are not in prostitution.

This is particularly so in the areas of sexuality, relationships and reproduction. The women may be vulnerable to organized criminals and brutal cops, but they are also able to confront male-dominated power dynamics. In the workplace, for instance, the women control the conditions of the transaction. Working without payment or due consideration, whatever the amount, is unheard of.

Women in prostitution are not economically dependant on any one man - neither are they relegated to secondary status within a patriarchal family structure. Even if a woman in prostitution opts to stay with one

man while doing *dhanda*, she does not change her name. She continues to occupy her residence, where the man comes to stay. A woman in prostitution may "keep" as many men as she likes, since she is not anyone's exclusive property. Her children are hers, not his. She is always known as herself, not as an adjunct of a man or a family.

In this sense, women in prostitution pose a tremendous challenge to the family structure and its values. Not only do women in prostitution reject the moral double standards forced on them by mainstream society, they actually challenge the very system of patriarchy.

Unfortunately there have been hardly any attempts to understand, or utilize, the power of women in prostitution. The women themselves have no apparent realization of their inherent power, much less of the forms it could take.

It is important to understand the tremendous challenge women in prostitution pose to the family structure and its values. Not only do women in prostitution reject the moral double standards forced on them by mainstream society, they actually challenge the very system of patriarchy.

Meena Seshu, general secretary, SANGRAM

EMPOWERING FROM WITHIN:
ESTABLISHING THE VAMP COLLECTIVE

Three key words characterize SANGRAM's peer education programme: empowering, women-centred, and process-oriented. Given the organization's emphasis on processes, and on strengthening the community from within, building a collective was a natural next step.

In 1996, the peer education programme broadened into VAMP - the Veshya AIDS Muqabla Parishad - a collective of women in prostitution. VAMP, which was begun with a corpus of Rs 6 lakhs, aims to consolidate a common identity among the women and empower them to find their own solutions.

As part of its responsibilities, VAMP now runs the peer programme in the eight districts where it began, with the help of SANGRAM. Although the two entities are like mother and daughter, VAMP has its own identity: it is separately registered as a collective, and has its own board of members drawn from women in prostitution. While it is still guided by SANGRAM, the overall vision is for VAMP to someday function independently.

> We were all excellently trained as peers. Women who had not stepped out to do any such work became active workers. With the confidence we got, we felt we should have our own *sanghatana*.
>
> *Kashibai, secretary, VAMP, Solapur*

PLANTING THE SEEDS

The concept of an independent collective was first brought up at a meeting held at the seaside village of Ganapatipule in March 1995. About 150 women in prostitution discussed the possibilities of a separate organization with SANGRAM staff. Did they really want their own organization? If so, what kind of organization did they want? What would it do? Who would its members be?

A questionnaire brought the women's aims and desires sharply into focus. It clearly showed that what the women wanted was a registered, volunteer-based non-government organization rather than a co-operative society. This was partly a response to the corruption associated with sugarcane co-operatives in the region. The women did not expect everyone to join the collective; rather they saw it as a mechanism for those who were interested in developing the community.

Two units of VAMP were formed in accordance with these aims:

The Sangli VAMP collective was formed in November 1996, with seven women in prostitution constituting its board.

The Solapur VAMP collective was formed in April 1997, with 11 women in prostitution as board members.

"When I thought about an organization of our own, the one thing that made sense to me was this: who will look after us if we do not take the responsibility of doing it ourselves?"

Shabana, board member, VAMP, Sangli,

BUILDING A COLLECTIVE

Although VAMP functions as a collective, there is a conscious hierarchy among the women, who are either field workers or community workers. Each category has different responsibilities and payscales, although there is some overlap. The hierarchy is based on the mechanism needed to distribute condoms over a large area. A community worker whose work stretches over 100-200 km, spends much more time doing her work and is paid Rs 1000 each month. A field worker who works in her hometown spends less time and is compensated accordingly.

The women in the collective understand that there should be a difference in salaries because of differing responsibilities. Since some women are more involved in the work and are better informed, this creates a power differential in the collective. To minimize such differentials, the women together monitor performance and recruit new members in case of vacancies.

One collective decision is that the most effective peers in each community - who are designated as '*tais*' - should become the board members of this organization. Each board member has an identity card, which is a useful device against official harassment. However, membership to VAMP is not formalized - any woman in prostitution can become a member simply by utilizing its services.

Field worker	Indents and collects condoms from local centre Distributes condoms to community workers Identifies women with STDs Attends VAMP's Monday meetings
Community worker	Helps build a sense of community Ensures steady condom supplies Assesses condom requirement for community Helps women access health facilities Counsels relatives to care for women with HIV
Tai	Actually distributes condoms Gives names of the ill to community worker Ensures continuous supply of condoms Provides care and support to ill women

A STATEMENT OF WOMEN IN PROSTITUTION

Prostitution is a way of life like any other. It is a survival strategy that is parallel to any other occupation. It is not created for the benefit of men as is the common perception; rather it is primarily for the women who live off it. Women in prostitution make money out of sex and we are the breadwinners of our families.

We disagree with the statement that prostitution is a profession. We make a distinction between profession *(vyavasay)* and occupation/business *(dhandha)*. For instance, if we are presently occupied by making money out of sex, then that is our occupation for a short span of time. The nature of the business itself is timebound. Therefore, by using the term profession, we are necessarily being pushed into a category for a lifetime. We are women who are practicing this time-bound business of prostitution for a short and specific period in our lives. Please remember that when we are not making money out of sex, we are engaged in other income-generating activities.

We believe that all occupations stereotypical to women adhere to so-called 'feminine values'. They capitalize upon qualities like tolerance, sympathy, tenderness, endurance, understanding, patience, forbearance and much more, be they housewives, typists, nurses, teachers, office assistants, receptionists, women in prostitution etc. We believe that the socialization of the girl-child to accept such occupations as the only alternative is also a major reason for the perpetuation of sexual discrimination in the female work-force. We believe that women in prostitution are no different.

We believe that we are more empowered than most women within male-dominated patriarchal structures. For instance, within the family structure (which we know is the most oppressive), we are the breadwinners and the heads of our households. The relationships we share with the men from our families are more honest and equal because the *purdah* of double standards is not necessary.

Economic independence from men is a reality that we enjoy with pride and dignity. Brothel-owners, goons, the police and the self-appointed crusaders of morality in society harass us, try to curb our independence and are foreover trying to douse our spirit. Control structures have a vested interest in criminalizing prostitution. What we demand is the decriminalization of prostitution such that we can live safely and continue to choose to make money from sex without stigmatization. We demand the eradication of all laws concerning prostitution which are oppressive and help in further criminalizing the trade.

We believe that making money from sex is but selling a part of our body which is in no way different from selling our brains or physical labour. We protest against a society that deems our work contribution as less prestigious than other traditional forms of work. We believe that we challenge and undermine structures of power by using a part of our womanhood - our sexuality, as a source of our power and income.

We also protest against all laws and value systems that treat soliciting for sex as indecent while sanctioning other forms of sexual contracts from advertisements to exchanging gifts by marriage partners to dowry.

As people who experience violence as a part of our daily life, we are being more and more penalized by increasing violence in a society that is trying to order and control our lifestyles. As women in prostitution, we protest against a society that forces on us the violence of a judgemental attitude.

We believe that a woman's sexuality is an integral part of her as a woman, as varied as her mothering , domestic and such other skills. We do not believe that sex has a sacred space and that women who have sex for reasons other than its reproductive importance are violating this space. Or if they choose to make money from the transaction they are immoral or debaunched.

We believe that child prostitution is akin to child sexual abuse, molestation and child labour, and that it exists in a society that is fraught with crimes of abduction, kidnap, rape, assault and violence against women. We believe that as comparable to poor, weak and marginalized communities, we are unable to have reasonable control of our lives and destinies. We share the same experiences of women who live in the Third World.

We believe that there is a distinction between trafficking, which is a criminal issue, and adult prostitution. While we agree that `choice' is a cruel mirage for all women within capitalist patriarchy, we feel the need to acknowledge that adult prostitution as an option, exists. We also believe that women who are in prostitution, choose to continue to remain in business for many reasons.

We believe that when involuntary initiation into prostitution occurs, a process of socialization within the institution of prostitution exists, whereby the involuntary nature of the business changes increasingly to one of active acceptance, not necessarily with resignation. This is not a coercive process. We believe that, despite living within a capitalist patriarchal society and having experienced the freedom of living outside the patriarchal system, it is almost impossible for us to contemplate entering such a system with its inherent double standard, lopsided value system and inequalities.

We protest against a society that deems us immoral and illegal mainly because we do not accept its mores, rules and governance. We protest against the various forces of mainstream society that deny us the right to liberty, security, fair administration of justice, respect for our lives, discrimination, freedom of expression and association.

We also protest against a society that aggressively promotes objectification and commercialization of women and their sexuality. We protest against the sale of our sexuality in the international market by unscrupulous individuals and governments who reap huge profits off our bodies. We are in a business where the control has shifted from traditional members of our community to criminal syndicates. We were not for sale. In today's world, unfortunately we are sacrificed and commodified by vested interests, sometimes from within our own communities.

Globalization and economic liberalization is further breaking up our communities and forcing us to accept the sale of our bodies and the sale of our young in the urban industrial centres for prostitution. Movement in search of work is not new for us; the problem however is the criminalization of the trade which is forcing us to turn to debt bondage, forced labour and slavery-like practices. Consequently, we find ourselves in the trap of criminal syndicates in our search for work.

We believe that it is imperative that we must unite with each other to erase the stigmatization of women in prostitution and restore our dignity as workers and citizens of civil society. We must build alliances with other segments of society and, together, we must struggle against the forces who have a vested interest in eroding the rights of all women.

We believe that a woman's sexuality is an integral part of her as a woman, as varied as her 'mothering', 'domestic' and such other skills. We do not believe that sex has a sacred spapce and women who have sex for reasons other than its spiritual importance are violating this space.

ROLES AND RESPONSIBILITIES

Apart from running the condom distribution programme, VAMP represents the interests of its constituents in many ways. It arbitrates community disputes, lobbies with the police, helps women access government schemes, and develops leadership potential.

Police harassment is a particularly critical issue for all women in prostitution. Not only are the women routinely abused and beaten up by policemen, they are also randomly picked up on charges of soliciting, which is a crime under the Indian Penal Code. Before the formation of the collective, the women could do nothing about police harassment. Now they are treated with greater respect when they approach police officials for help. In some cases, VAMP has been able to negotiate an end to police hostility and raids.

But even today, the women do not confront all cases of police violence. Their natural response is to act casual, but concerned. Only when the violence crosses their threshold of tolerance do the women protest, even turning to key community members such as politicians, pimps and brothel-owners to restore normalcy.

This does not mean that all VAMP members are now able to confront the police. However, the women are now aware that they do have the ability to negotiate a situation. That they can stand up and atleast discuss their problems with the police. To be able to think you can do something, rather than believing you have to passively accept a situation, is an important part of the process of empowerment.

The collective also dons the mantle of peacemaker within the prostitution community, settling disputes among the women, and between women and their *gharwalis.* In one oft-cited case, for instance, VAMP negotiated a settlement when a brothel-keeper accused a woman of stealing Rs 2000 from a client and took away her jewellery as punishment. Through VAMP's intervention the woman got her jewellery back, but paid Rs 1000 - half the 'stolen' amount - to the client. In the past, such disputes would have been left to flare into bigger confrontations and violence.

In settling such disputes, the collective has to walk a tightrope: it must not inadvertently disempower women by siding with brothel-keepers or the power elite. At the same time, powerful *gharwalis* cannot be alienated, since even a simple condom distribution programme cannot progress without the *gharwalis*' support. In 1998, the collective faced a dilemma when *gharwalis* supported a proposed mandatory HIV testing drive that the women themselves opposed.

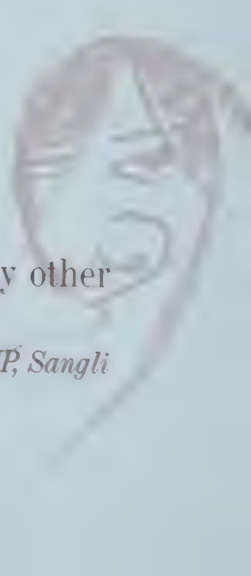
If the resultant clash was an eye-opener for the *gharwalis*, who realized that the women under their control now had their own voice, working with the *gharwalis* has also produced fresh insights. One such insight is that all *gharwalis* are not the exploitative stereotypes they are made out to be - many of them are amenable to participating in the collective, if only to ensure the wellbeing of the women they control, and thus protect their own business interests.

> "We are not doing it for the salary. Some of us can spend what we get as salary on *gutkha* and alcohol. But we genuinely feel this is important work. I feel kindred with the other women."
>
> *Kashibai, secretary, VAMP, Solapur*

GIVING WOMEN A VOICE

By giving women in prostitution a voice - and a space to grow - the collective has built natural leaders. Uneducated women now confidently walk into government offices demanding their dues and asserting their rights. The women have started attending meetings outside the region as representatives of VAMP - in the process gaining exposure to diverse issues such as violence against women, alternative sexualities, and sexual minorities. As part of the National Network of Sex Workers, VAMP members are slowly building a common identity with other women in prostitution, and beginning to place their own demands on policy platforms.

Decriminalizing prostitution is one such demand. "What we demand is the decriminalization of prostitution so that we can live safely and continue to choose to make money from sex without stigmatization," asserts a VAMP statement. "We demand the eradication of all laws concerning prostitution which are oppressive and help in further criminalizing the trade." However, VAMP members are equally clear that they do not seek legalization in the form of state licencing of prostitutes, since they believe this will only restrict their mobility as workers. "If I feel like moving to another place, I will not be able to practice there till I get another licence," explains Shabana.



"When I say I am a member of an organization, it gives me an identity other than that of a sex worker."

Shabana, board member, VAMP, Sangli

VAMP has also placed the following demands on the policy agenda at district, state, national and international levels:

- ✓ The need for better-quality condoms has been placed before the District Collector.
- ✓ The need for better medical treatment has been communicated to the Civil Surgeons of public hospitals in the area. In some areas, timings for submitting case papers have been changed to accommodate the women's unorthodox working hours.
- ✓ The futility of raiding brothels has been discussed with the Crime Branch of the state police. In individual meetings with relevant Commissioners of Police, the women have explained to them the nature of their work. This has ended raids in many areas.
- ✓ The need for putting condoms on Schedule R has been placed before the National AIDS Control Organization. Schedule R is a list of free life saving drugs.
- ✓ The need for addressing trafficking at the international level has been put on the agenda of the South Asian Area Regional Co-operation (SAARC).

If the collective has given women in prostitution their own voice, it has also subverted existing power structures. The women who initially joined the peer programmes were the meeker women in the community, since the programme only offered Rs 100 each month at that time. Today, by undergoing a process of collective empowerment, these women have emerged as the strongest players in the community. Thus the process has helped reverse power structures even within the small prostitution community.

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THEIR OWN IDENTITY

Apart from empowering individuals, VAMP has also given women in prostitution their own identity. Peer educators who would earlier seek SANGRAM staff's help to admit women to hospitals now use their VAMP identity - and their identity cards, if needed - to get medical help for colleagues. The women are being trained to take on an additional layer of responsibilities: recognizing sexually-transmitted diseases, understanding hospital layouts, and filing medical papers on their own.

"When I say I am a member of an organization, it gives me an identity other than that of a sex worker," says Shabana. Like other board members of VAMP, Shabana attends the weekly meeting held each Monday at Sangli - and then informally relays the discussions back to women in her community. "The women really trust us now and accept us as their leaders," she explains. "They know we tell them things and help them." But leadership doesn't come that easy. "Sometimes people come to my room and say where is Shabana, and I find myself looking around for her as well."

Developing leadership also means learning to think for oneself and making independent decisions. VAMP members are slowly beginning to stand firm in the face of contrary opinions from SANGRAM staff. Recently, Renuka, a board member of VAMP, Sangli insisted condom distribution should continue in north Karnataka - SANGRAM wants to discontinue the programme in that region, since another NGO has stepped in.

Despite such advances, it will be a while before VAMP stands firmly

on its own two feet. While VAMP, Solapur, stands more erect simply because of its geographical distance from SANGRAM's office, VAMP, Sangli leans a little more on SANGRAM because of proximity. "The organization is now strong enough to carry on on its own," says Kashibai. "This work will not stop."

Collectivization is ultimately a process like any other - a process with peaks, troughs and painful long stretches where no progress is visible. "In a community process, one cannot demand more efficiency," asserts SANGRAM's Meena Seshu. "This used to frustrate us and result in trying to rush things a bit. But we have learnt the value of letting things take their course and of carrying the entire community with us. Earlier we would try and find out what the women were doing to stand up to police harassment. But it was only when the women themselves were convinced of the need for action that they really took it up."

VAMP was started for us, so that people know who we are, what we can do. We will ensure that this work continues. It will go on even without SANGRAM.

Renuka, board member, VAMP, Sangli

BROADENING THE BASE:
THE DISTRICT CAMPAIGN

1997. Five years after it started the peer education programme, SANGRAM is ready to confront the changing realities of HIV. One of these realities is that HIV is rapidly spreading in the general population in districts like Sangli. But since people in these areas have very little knowledge or awareness about HIV or underlying issues of sexuality, they still lack the means to prevent themselves from getting infected by HIV.

Another reality is that of women. When it comes to HIV, a woman in prostitution and a married woman are like two sides of the same coin, since both are at equal risk of getting HIV from the same man! However, unlike women in prostitution, married women do not realize that they are sexually at risk of HIV, since they believe they are in monogamous relationships. "Marriage is a real risk," says Meena Seshu. "All women are increasingly vulnerable from men who go in for multiple sex."

Against this backdrop, a peer education programme that restricts itself to women in prostitution can only do so much. The peer educators themselves point this out. "Building a dam at only one site will not stop a massive flood," says Durga from Karad. "If we really want to stem the tide, we have to build dams at different bends of the river." Her earthy wisdom helps crystallize SANGRAM's nascent plans.

Launched in 1997, the resulting campaign – called the District Campaign – has broadened SANGRAM's programmes to include the larger community, specially women. The campaign aims to prevent HIV in the district of Sangli by providing information, generating awareness, and ultimately changing attitudes and behaviours.

> Building a dam at only one site will not stop a massive flood. If we really want to stem the tide, we have to build dams at different bends of the river.
>
> *Durga, woman in prostitution, Karad*

FOCUSING ON YOUTH AND WOMEN

The District Campaign, which runs in 713 villages in Sangli district, focuses mainly on two constituencies:

✓ *Household women*, who often contract HIV from their husbands without knowing it, but have the least access to knowledge or information.

✓ *Adolescents*, who constitute a significant proportion of the clientele of women in prostitution.

During the peer education programme with women in prostitution and sex work, SANGRAM had noticed that condom usage dropped significantly during October and March, when college examinations are held. This clearly indicated that many students were clients.

However, women in prostitution reported that it was difficult to raise the issue of condom usage with students during a sexual encounter. Teenage boys were not interested in a mini-lecture while having sex, they were often in a hurry to leave the brothel lane, and they rarely bought condoms from shops or clinics. At the same time, more and more HIV-positive teenagers were showing up at Sangli's civil hospital. It was clearly time to introduce this sexually-active group to the concept of responsible sex.

Responsible sex

The concept of sex that SANGRAM promotes in the time of HIV is one of 'responsible sex' rather than safer sex. This concept springs from the overall notion of taking responsibility for oneself and one's actions. "Responsible sex is a whole gamut of things that together constitute a way of life," says Meena Seshu of SANGRAM. "It is responsibility to yourself that makes you ensure you use a condom every time you have penetrative sex."

Responsible sex is not a moral concept, but a concept that encompasses more human dimensions than safe sex. "Even in schools, we never say, you should not have multiple sex relationships," explains Seshu. "We say, 'be responsible to yourself in multiple sex relationships' ".

The women never believe that they can be at risk. We help them understand that they may be. We ask them: Does your husband travel? Do you know what he might be doing?

Surekha, mahila sanghatika, Kavathemankal

BUILDING THE DISTRICT CAMPAIGN TEAM

Building a core team of workers was the first challenge that SANGRAM faced in the early stages of the campaign. Initial advertisements seeking female social workers drew responses only from men, since women in villages are not used to taking on outside jobs. The mention of HIV/AIDS threatened some women, while others said they could not travel to other villages – a prime job requisite.

However, it was essential to have women on the team, since it is unheard of for male social workers to discuss HIV and sexuality with household women in villages. Given this reality, SANGRAM decided to create a category of women called *mahila sanghatikas,* each of whom would be responsible for gaining access to women in a small cluster of villages.

In the campaign's early days, it was so difficult to recruit women that any woman who applied was hired as a *mahila sanghatika.* Social workers asked key officials in villages to recommend female candidates. As more and more applications started rolling in, SANGRAM decided to give priority to widows, women deserted by their husbands, and *dalit* or lower-caste women. This form of positive discrimination is an extension of SANGRAM's philosophy of questioning existing attitudes towards the marginalized – and offering marginal people an opportunity to empower themselves.

Today, the 33 *mahila sanghatikas* and 8 social workers are both the backbone and the foot soldiers of the District Campaign, with a hand in everything from data collection to organizing street plays. The *sanghatikas* and social workers do work that is similar, but at different levels: while *sanghatikas* work mainly at the level of one village or a cluster of villages, each social worker functions at the *taluka* or sub-district level and is responsible for the *sanghatikas* in that *taluka.*

> "I was very quiet and under-confident when I joined. Now I have opened up. I receive a lot of encouragement here, so I can say what I think."
>
> *Shantilal, social worker, Sangli district*

Apart from building rapport with household women in villages, *sanghatikas* gather relevant data about each village: the local population, the weekly market day, when the village fair occurs, names of the women *panchayat* members, the local *mahila mandal,* number of HIV deaths, and other potentially useful information. Each *sanghatika* also meets key decision-makers in a village - from the *sarpanch* to the school principal - to build support for the campaign. "By now I have been to each of my 27 villages eight or nine times," says one *sanghatika.* "The villagers now recognize me as the AIDS woman even if some of them don't remember the name of SANGRAM."

All social workers and *sanghatikas* go through an intensive residential training programme, which addresses the attitudes of the workers towards HIV, sexuality and prostitution. "In the beginning, we would also think that if we talk about a *naalayak* (bad) thing like AIDS, we will become suspect," says one *sanghatika.* "But with backing and training, we have slowly developed confidence."

If the training has helped the *sanghatikas* and workers break internal barriers, build self-assurance, and speak confidently in large group settings, the status the job provides has also subverted traditional power structures. Many of the *sanghatikas* and social workers are *dalit* women who carry little clout in society. But now that they have emerged as repositories of valuable information on HIV, the rural elite is being forced to acknowledge their existence – and call on their expertise. This reversal of established societal norms of give-and-take is one of the less tangible achievements of building a campaign team.

Many women ask me how I know about all these things: they want to know if I'm married. I tell them that my knowledge is theoretical because I am not married, but I do this because it is important work.

Alka Salinke, mahila sanghatika, Khanapur

ON THE CAMPAIGN TRAIL

The District Campaign creates awareness about issues related to HIV through a mix of traditional and innovative methods. Poster exhibitions and street plays are used to create mass awareness, sexuality education is used to sensitize young boys and girls, while the *maitrin* method has been evolved to gain access to household women. While the main strategy is to utilize group methods that create broad awareness, one-to-one methods such as counselling are also used to deepen understanding of HIV at the personal level. Special efforts have also been made to create a cadre of volunteers who will sustain the programme in their own constituencies, and to advocate for relevant policy changes at the district level.

In sum, the District Campaign uses the following strategies to create awareness about HIV among the general public:

- ✓ Reaching mass audiences through poster exhibitions and street plays
- ✓ Educating young girls and boys about sexuality
- ✓ Gaining access to women through *maitrins* (girlfriends)
- ✓ Counselling persons to reach a deeper understanding of HIV
- ✓ Building a volunteer base to sustain awareness programmes in the community
- ✓ Advocating for policy changes at the local level

"I feel that our relationship with the people is similar to that of a doctor and his patients. They trust us because we give them information that helps them."

Shashikant Mane, project officer, District Campaign

REACHING MASS AUDIENCES

August 1997. Huge crowds have gathered for the Nag Panchami *yatra* in Shirala, a village in Sangli district. At this particular village fair, AIDS awareness is an unexpected part of the festivities. "Get free information about AIDS," a loudspeaker blares. "And free gifts." Another announcement exhorts the crowd to "Use Nirodh, avoid AIDS." The publicity creates an impact: huge crowds are soon streaming into the District Campaign's exhibition booth in the local hospital.

Poster exhibitions held at popular fairs and festivals are an ideal way to bring the message of AIDS awareness to rural audiences. But while men flocked to the initial exhibitions, women were conspicuous by their absence. Since then, each exhibition has separate enclosures for men and women. In the male area, social workers demonstrate the use of condoms. Since this is a novelty, it attracts attention, and by the end of a typical festival day, more than 3000 free condom samples have been distributed!

If condom demonstrations are a big draw for men, women find the exhibitions an opportunity to ask basic questions about HIV. "Many women ask how HIV is transmitted," says a social worker. "But they never ask us anything about sex." Apart from providing information about HIV transmission and contact addresses, the posters also provide an opportunity to raise issues of homosexuality in a non-threatening way. Many visitors stare at the posters of homosexuality and ask if this really happens.

The exhibitions also provide a forum to shatter popular myths and stereotypes about HIV. One often-used chart shows a thin person wearing dirty clothes next to a healthy-looking well-dressed man. Most people identify the thin man as the one with HIV – an opportunity

> Many women ask how HIV is transmitted. But they never ask us anything about sex.
>
> *Deepak, social worker, Sangli district*

to explain that appearance does not determine positivity. That anyone, scrawny, fit, rich, poor, young or old, can get HIV.

If poster exhibitions are a must at some festivals, other occasions are reserved for 'infotainment' in the form of street plays and performances. The popular Ganesh festival in Sangli, which attracts local audiences and crowds from remote villages, provides an ideal setting for street plays each year.

Perhaps what gives these plays their greatest strength – and widespread acceptance in a religious setting – is their form. Each play takes the form of a *dindi* or religious procession. Woven into this form is basic information about the symptoms, testing, prevention and care of HIV. Attractive props such as white masks and swords are used to convey the image of corpuscles fighting the disease in a dramatic format.

"People listen because the play is in the colloquial form," says a social worker. "Some women touch the feet of the *palkhi* (palanquin of the God) in the play. But they will never openly ask questions." Men, on the other hand, are more ready to whet their curiosity. Typically, men ask if mosquitoes or infected needles can cause HIV.

If the street play is an opportunity to reach wide audiences, it is also an opportunity to build alliances with young people. Local youth groups often provide a dais to stage the street play or work to create publicity for it. Not only have the poster exhibitions and street plays taught social workers the logistics and feasibility of organizing mass awareness campaigns, the interactions have also helped workers gauge community needs. The District Campaign's sexuality education curriculum is partly based on questions that college students have asked at fairs and festivals.

People would tell us after the programme how useful the information is to them. They ask us to identify more people who can do this work in other areas. They tell us that they will extend this knowledge to other people. They even invite us to their homes!

Raghunath, social worker, Sangli district

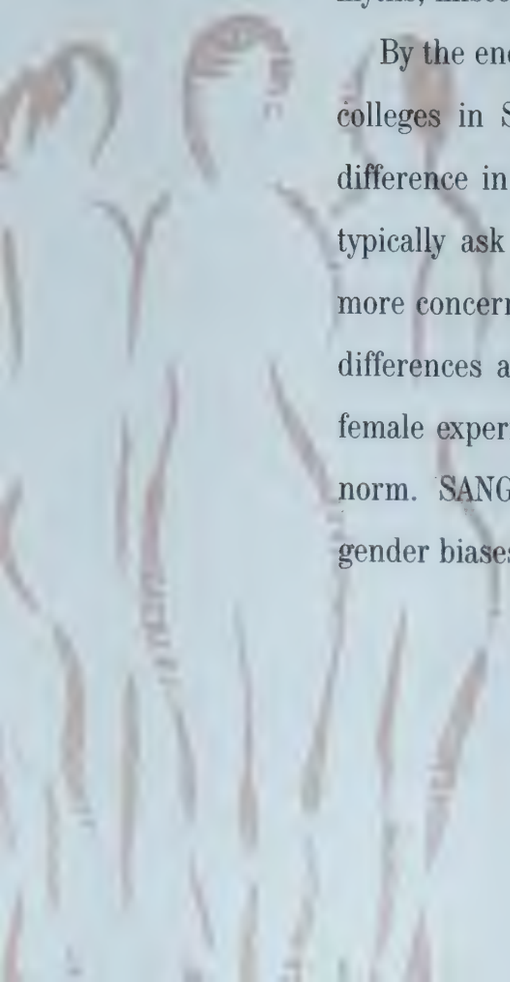
EDUCATING YOUNG PEOPLE ABOUT SEXUALITY

If creating awareness at large festivals is one strategy to prevent the spread of HIV, educating young girls and boys about underlying issues of sexuality is another. As a first step, social workers met the principals of the 383 high schools and colleges in Sangli district to gauge interest, need and enthusiasm. The visits showed that while principals of rural institutions were receptive, those in urban areas were not.

"The urban middle-class has traditional ways of thinking," explains Shashikant Mane, co-ordinator of the District Campaign. "They believe they are safe and don't need awareness programmes." Plus, many urban schools and colleges had already received a dose of HIV/AIDS education from the government, and didn't believe they needed more.

Unlike sex education programmes that focus on anatomy and reproductive biology, SANGRAM's sexuality education programme is more holistic. The programme includes a component on societal and personal values, since these values shape and condition one's sexuality. It also includes basic facts about sexuality, separate group discussions for boys and girls, a session on myths, misconceptions and ethical issues related to sexuality.

By the end of 1998, the campaign had covered 314 high schools and colleges in Sangli district. The sessions have brought out a gender difference in conceptions and understandings of sexuality. While girls typically ask about menstruation, pregnancy, and infertility, boys are more concerned with sexual pleasure, fantasies and experiences. These differences are indicative of a process of socialization, which negates female experiences, while treating male experiences of sexuality as the norm. SANGRAM's sexuality education programme addresses such gender biases.



These are some questions that young girls typically ask during sexuality education classes:

- ✓ Why do only women menstruate?
- ✓ Is it all right to have sex while menstruating?
- ✓ Why do women get labour pains?
- ✓ Why is sweet sixteen considered a "dangerous" age?
- ✓ When do girls and boys become sexually mature?
- ✓ Do women have sex amongst themselves?
- ✓ Do eunuchs have sexual organs? Do they get aroused?
- ✓ Is homosexual sex harmful? Why do we scratch in the genital area?

Boys typically ask questions that relate to sexual pleasure, such as:

- ✓ Can you masturbate for sexual pleasure?
- ✓ Why do women have less emotional interest in sex than men?
- ✓ When men are about to ejaculate, why do women start holding them very tight?
- ✓ How much time should be there between two masturbations?
- ✓ What is the meaning of sex in homosexual relationships? Is it harmful?
- ✓ Does sperm ever run out or end?
- ✓ Why do you get tired when you masturbate a lot? Does it affect your reproduction ability?
- ✓ Does the penis get smaller due to friction?

GAINING ACCESS TO WOMEN THROUGH *MAITRINS* (GIRLFRIENDS)

Women in any community usually have the least access to information, including information on taboo topics like HIV and sexuality. At the same time, it is difficult to access women through schools, colleges, and at public village meetings. Since women constitute a key constituency for the District Campaign, SANGRAM has evolved a special strategy to reach women and provide them information in a comfortable setting.

The *maitrin* programme recruits women from villages who can take on the role of a *maitrin* or girlfriend. A friend is someone with whom one can openly discuss intimate matters, and this is the role that each *maitrin* fills. Each *maitrin* carries the message of HIV awareness to other women in her village, gets women together to attend village programmes and maintains close contact with a *mahila sanghatika.*

While the 20-25 *maitrins* are voluntary links in the information chain, each *maitrin* is given a Rs 25 per diem for attending a daylong workshop that introduces her to HIV. By the end of 1998, the District Campaign had organized *maitrin* meetings in 25 village clusters – about 1000 women collectively attended these meetings. Women who are thus informed are likely to pass on their knowledge, informally and socially, in their villages.

Some of the experiences narrated by the *maitrins* have been touching in that they depict the extreme vulnerability of women living within marriages where they have no control whatsoever on their lives much less on the means to protect themselves from illhealth. The effort is to build support groups for women in each village such that they can atleast address their grievances to some extent.

"Earlier, I too would feel embarrassed talking about sex, I am from a village where such subjects are never openly discussed. Now I understand that to talk about or listen to talk about sex is not wrong. So many of us women have forgotten our fears."

Pratibha Kamble, mahila sanghatika, Miraj

COUNSELLING PERSONS TO REACH A DEEPER UNDERSTANDING OF HIV

Counselling is a critical aspect of creating awareness and understanding about any issue. Given this, part of the District Campaign provides counselling to individuals about issues related to HIV and sexuality. Each social worker has been given basic training in effective counselling: how to listen, how to alleviate a person's fears, how to empower a person with information in this setting.

Roughly 10-12 persons drop into SANGRAM's *taluka* offices each week. They include affluent grape farmers who have been visiting women in prostitution, students who feel guilty about having pre-marital sex with their girlfriends, and men who are HIV-positive. People living with HIV/AIDS are counselled to resume work, and given guidelines to lead normal, healthy lives.

Handling a person's fears is an important aspect of counselling. "The fear of getting AIDS is deep-rooted." says Shashikant Mane of the campaign. "They have negative reports. But the fear of getting AIDS is so strong that despite repeated counselling, they keep saying 'Do I have AIDS? I have a headache. Do I have AIDS?' "

Doctors routinely refer HIV-positive patients for counselling to SANGRAM, since there are few comprehensive counselling services in the area. As a next step, SANGRAM hopes to start counselling facilities in public health centres in the district.

BUILDING A VOLUNTEER BASE IN THE COMMUNITY

While interacting with young people, SANGRAM realized that teenagers need a more sustained awareness-generation programme than a one-time lecture. In 1998, the District Campaign organized two three-day training workshops for high school and college students. The workshops were a huge success: 150 high school students attended the first one, while 100 college students came for the second one.

The volunteer programme began as an offshoot of these workshops, as enthusiastic students said they wanted to help the District Campaign. The outcome was WASA – War Against Spread of AIDS – a group that consisted of 600 volunteers by the end of 1998.

WASA, which also means 'reaching a goal' in Marathi, consists of several small clubs of youth volunteers in different parts of Sangli district. Several of these clubs have taken the initiative of organizing awareness programmes: boys and girls at Umrani in Jat taluka organised a two-day workshop for 100 boys on their own steam. Others perform the campaign's street play in their areas or collaboratively with other youth groups.

Several WASA volunteers attended a three-day Yuvotsav (Sexuality Fair) that the District Campaign held in Sangli in December 1998. The Yuvotsav was designed as an occasion for teenage boys and girls to further understand issues related to HIV-AIDS, openly discuss issues related to sex and sexuality, develop appropriate attitudes towards sex and gender roles, and understand the importance of responsible sexual behaviour.

About 370 boys and 163 girls participated in a residential camp at the Yuvotsav, which included elocution contests, poetry reading, poster making, slogan-writing, treasure hunts, street plays, debates and slide shows, all related to HIV/AIDS and sexuality. The District Campaign plans to continue to create spaces to enable adolescents to freely discuss sex and AIDS in an atmosphere of safety and comfort.

"In school, the students ask us for our autographs. They get impressed that we speak so openly about sexuality. They never get an opportunity to express themselves like this."

BR Kamble, social worker, Sangli district

ADVOCATING FOR POLICY CHANGES AT THE LOCAL LEVEL

Although the District Campaign focuses primarily on generating awareness about HIV, it also raises policy issues that the campaign deals with at the local level. For instance, SANGRAM is getting villages in Sangli to pass a resolution to the effect that children whose parents are affected by HIV should be supported through the reserve fund of the village *panchayat*. About 25 villages have already sent in written resolutions, while many more have informally agreed to support this resolution.

The Maharashtra government letter has also passed a resolution providing for an HIV control committee in each village. SANGRAM is advocating this as a positive mechanism to support people with HIV at the village level. As a first step, the campaign is trying to mobilize public support to ensure effective representation on each village-level committee. The campaign is also trying to ensure that *maitrins* are represented on each committee.

In 1998, the police raided a community of women in prostitution in the town of Karad. SANGRAM is using this instance to advocate the rights of women in prostitution to the general public. The campaign has initiated discussions about the effect of such actions on women and on the larger community. Should women in prostitution be rounded up? While it may not be legal to solicit for customers, is there any point in harassing women in prostitution? In asking these questions, the campaign is putting forward the concerns of women in prostitution to a community that rarely hears their voices.

INITIAL ACCOMPLISHMENTS

Although the District Campaign is relatively recent, it has managed to arouse awareness, create curiosity, and even begin to unsettle the accumulated attitudes of past generations.

In its first two years, the District Campaign has notched up an impressive series of accomplishments. These include:

- ✓ *Mapping the entire district:* The campaign has reached 713 villages in Sangli district, including the remotest of villages where no awareness campaign had previously gone.
- ✓ *Widely spreading the message:* Directly or indirectly, the campaign has spread the message of HIV awareness among a majority of the district's 700,000 people.
- ✓ *Liaising with local leaders at all levels:* Campaign workers have met with leaders at all levels of the district hierarchy, from collectors, block development officers, police officials and school principals, to village *sarpanches* and women's group leaders.
- ✓ *Reaching its two primary target audiences:* The campaign has been remarkably successful in reaching household women and adolescents. Women have been reached through close contacts with *mahila mandals,* women *gram panchayat* members, and the *maitrin* programme, while youth clubs, volunteer programmes and sexuality education have helped reach adolescents.
- ✓ *Providing sexuality education:* The sexuality education programme has influenced students in 314 of Sangli district's 383 high schools and colleges till the end of 1998.
- ✓ *Adapting local forms and events:* The campaign has successfully used popular formats and cultural events to introduce HIV awareness

> "I cannot say the awareness generated amongst people has all been because of us, but certainly the people are more curious now."
>
> *Raghunath Kamble, social worker, Miraj*

to wide audiences.

- ✓ *Reaching doctors:* In its first phase, the campaign has also met with 700 doctors, with whom forthcoming collaborations are planned:
- ✓ *Spawning offshoots:* The success of the campaign has spawned two offshoots – the *maitrin* programme, in which 1000 women have participated, and the WASA programme, which has 600 volunteers. Both *maitrin* and WASA are growing like concentric circles, attracting more and more youth and women. The programmes may gradually become independent of the campaign - an ideal that is in tune with SANGRAM's aim of eventually building a solid framework of awareness in which women and youth are able to identify and meet their own information needs.

Apart from such visible gains, the District Campaign has also resulted in certain intangible benefits. The experience and growing ability to get dense official institutions to co-operate is a radical achievement. Not only has this meant sensitizing officials to the issue of HIV-AIDS, it has also helped spread the word about SANGRAM's work, and been a confidence-building exercise for the campaign team.

Another very positive offshoot of the DC has been the empowerment of the social workers and *mahila sanghatikas* who set about to empower others with information. From uncertain initiates, the social workers and *mahila sanghatikas* have evolved into confident field workers, adept public speakers, informal liaison officers, even actors. Their interactions with a wide range of people across the power hierarchy has dented traditional attitudes towards women and other marginal people.

> "When we meet people a second, third, fourth time, from their responses we can gauge they are better informed now. I know women who are now able to stand up to their husbands, tell him about HIV-AIDS and ask him to not go out to other women. I have heard of positive people going to hospitals and asking for sterilized needles."
>
> *Sangeeta, mahila sanghatika, Sangli district*

LEARNING AND UNLEARNING

When SANGRAM embarked on the peer education programme, it unlearned stereotypes about prostitutes and learned to recognize the strengths of women in prostitution. In much the same way, the District Campaign has been an occasion for SANGRAM to learn to recognize its own strengths. These strengths are:

- ✓ ***Facilitating participation:*** SANGRAM strongly believes that the people whose lives it intervenes in should be involved in planning and directing the course of an intervention. The District Campaign has received continuous inputs from women and adolescents at whom the programme was aimed.
- ✓ ***Including marginal voices:*** Women in prostitution who are members of VAMP, and people living with HIV/AIDS have contributed to the shaping of the campaign. The multiple realities of women in prostitution, and their insights about HIV, are incorporated into the training session for campaign workers. Weekly feedback from VAMP members has helped improve the planning and implementation of the district campaign.
- ✓ ***A realistic approach:*** As an organization, SANGRAM believes in promoting a realistic understanding of issues rather than adopting a moralistic view. Training, sensitization and awareness programmes based on this philosophy are positive, rather than negative or judgmental. Not only does this human framework motivate workers, it also enables workers to reach audiences more effectively.
- ✓ ***Delegating responsibility:*** Responsibility is constantly delegated to the social workers and *mahila sanghatikas* who run the campaign.

SANGRAM does not believe in monitoring the campaign team's work. Monitoring, if any, is not evaluative, but a continuous reflective process for the entire team.

✓ ***Instilling ownership:*** A circular process of reporting, discussion and participatory planning is used to boost motivation and instill ownership of the programme. While some material incentives such as interest-free loans are offered to workers, the real motivation comes from the project itself: Do you feel it is useful? Do you want to do something about it? This approach gives everyone involved a sense of ownership of the programme, facilitates motivation, and inspires a sense of achievement.

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"I will never forget my early experiences in this village. A man had died of AIDS, but no one wanted to touch his body, not even his relatives. I went to his house and helped to carry the body...My own parents used to ask me: why are you doing all this? But now they understand. I lifted his body to show that we need to believe in humanity."

Mahipathi Ballal, social worker, Walwa taluka

MOVING AHEAD

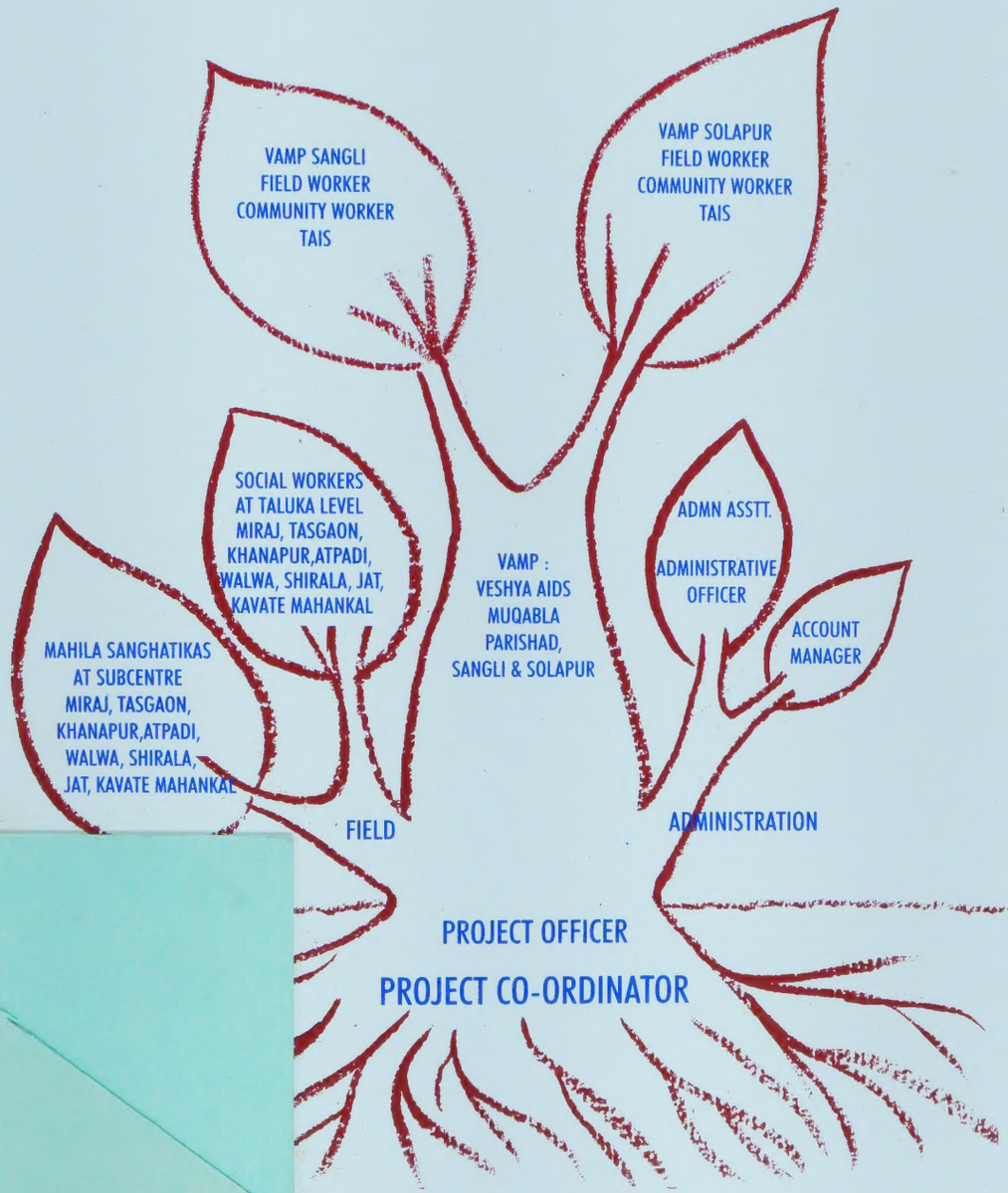
Six years after SANGRAM started working with women in prostitution, the state government finally started 'seeing' them. In late 1998, the government announced that it plans to work with women in prostitution in Maharashtra, the state in which SANGRAM's work is based.

If this had been announced six years ago, things may have been different. Local pimps and petty politicians may have usurped the voices of women in prostitution. But a process of self-awareness, empowerment, and collectivization is changing this reality. In the districts where SANGRAM works, women in prostitution are not prepared to remain passive recipients of government aid. They are in a position to dialogue with the government and demand their rights.

Creating a similar collective consciousness among household women, an ability to negotiate independently, and assert one's rights, is now an important goal of the District Campaign. Rights are seen as an alien concept in many parts of India and discussion of such issues has typically been difficult. Women's rights are particularly difficult to talk about, because they question traditional patriarchal structures. However, it is critical to discuss the rights of women, official policies, legal and ethical issues which affect women and people living with HIV-AIDS and to create spaces which these groups can use to assert their rights. This will be a key challenge for SANGRAM in the new millenium.

"I know the time I will spend here will make a difference to someone's life. I am grateful for this experience."

Sheetal Pratap, accounts officer and board member, SANGRAM


VAMP SANGLI
FIELD WORKER
COMMUNITY WORKER
TAIS
VAMP SOLAPUR
FIELD WORKER
COMMUNITY WORKER
TAIS
SOCIAL WORKERS
AT TALUKA LEVEL
MIRAJ, TASGAON,
KHANAPUR,ATPADI,
WALWA, SHIRALA, JAT,
KAVATE MAHANKAL
MAHILA SANGHATIKAS
AT SUBCENTRE
MIRAJ, TASGAON,
KHANAPUR,ATPADI,
WALWA, SHIRALA,
JAT, KAVATE MAHANKAL
VAMP :
VESHYA AIDS
MUQABLA
PARISHAD,
SANGLI & SOLAPUR
ADMN ASSTT.
ADMINISTRATIVE
OFFICER
ACCOUNT
MANAGER
FIELD
ADMINISTRATION
PROJECT OFFICER
PROJECT CO-ORDINATOR

SANGRAM